



STATE OF MARYLAND

**DHMH**

PT 26- 05

Office of Health Services  
Medical Care Programs

**Maryland Department of Health and Mental Hygiene**

201 W. Preston Street • Baltimore, Maryland 21201

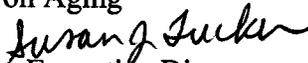
Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – S. Anthony McCann, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM**

**Waiver for Older Adults Transmittal No. 13**

**June 22, 2005**

To: Waiver for Older Adults Providers  
Maryland Department of Aging  
Area Agencies on Aging

From:   
Susan J. Tucker, Executive Director  
Office of Health Services

Note: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

Re: Fiscal Year 2006 Program Rate Increases

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On July 1, 2005, payment rates will increase for certain services under the Home and Community Based Services Waiver for Older Adults. The regulatory authority for these changes can be found in Regulation .33C(3) under COMAR 10.09.54.

The Fiscal Year 2006 payment rates reflect a 2% increase. Attached is a list of revised payment rates for Fiscal Year 2006. **Providers may bill using the new rates for services provided on or after July 1, 2005.**

Please note some waiver services are reimbursed in units of one hour and may not be rounded up to one hour for purposes of billing if less than one hour of service is provided. Additionally, please also be aware that provider travel time is not reimbursable by Medicaid.

Program fiscal staff will review billing documents for accuracy and authorization. Only services approved on the waiver participant's plan of care may be reimbursed. Documents with errors will be returned to the provider along with an explanation of the error. Payment for authorized waiver services covered under this program shall be considered as payment in full, and may not be supplemented by payment from other sources, such as the participant, family, a public program, or private agency.

Questions regarding this transmittal should be directed to Kristin Jones, Older Adult Waiver Coordinator, at 410-767-5220.

Enclosure (1)

Toll Free 1-877-4MD-DHMH • TTY for Disabled – Maryland Relay Service 1-800-735-2258

Web Site: [www.dhmh.state.md.us](http://www.dhmh.state.md.us)



**WAIVER FOR OLDER ADULTS**  
**Payment Rates Effective July 1, 2005**

<b>Service</b>	<b>Procedure Code</b>	<b>Payment Rate</b>
Assisted Living Services (Level II)	W0216	\$ 1667.51 per month
Assisted Living Services (Level III)	W0217	\$ 2103.45 per month
Environmental Assessment	W1725	\$ 381.46 per assessment
Behavior Consultation	W1724	\$ 59.95 per hour
Senior Center Plus	W1723	\$ 43.59 per day
Personal Care (self-employed, no meds)	W0200	\$ 9.81 per hour
Personal Care (self-employed, with meds)	W0201	\$ 12.80 per hour
Personal Care (agency, no meds)	W0202	\$ 12.54 per hour
Personal Care (agency, with meds)	W0203	\$ 16.35 per hour
Personal Care Nurse Monitoring	W0204	\$ 59.95 per hour
Respite Care (self-employed)	W0205	\$ 9.81 per hour
Respite Care (agency)	W0206	\$ 12.54 per hour
Respite Care (in a nursing facility)	W0220	\$ 130.78 per day
Respite Care (in an assisted living facility)	W0221	\$ 69.75 per day
Family or Consumer Training	W0208	\$ 59.95 per hour
Home-Delivered Meals	W0211	\$ 5.45 per meal
Dietician/Nutritionist Services	W0212	\$ 59.95 per hour
*Personal Emergency Response System (purchase/install PERS)	W0209	Maximum of \$1,000
*Personal Emergency Response System (monitoring/maintenance)	W0210	\$45.00 per month

(See reverse side)

* Assistive Devices	W0214	\$1,000 per 12 month period
*Environmental Accessibility Adaptations	W0218	\$5,000 per 12 month period \$10,000 maximum over lifetime
Assisted Living Services Assistive Equipment	Z0219	\$1,000 per 12 month period

Please note that other billing limitations apply, as specified in COMAR 10.09.54.

\*This rate is not subject to annual inflationary adjustment. This is notice of the current approved rate. Please note that other billing limitations apply, as specified in COMAR 10.09.54.